2026 Benefits Snapshot

Welcome to Your Marine Management Services Benefits!

This benefits snapshot provides you with an overview of the benefits available to you at Marine Management Services. For more information, review your carrier summaries/SPDs.

Eligibility

Eligible dependents include your spouse and your children up to age 26.

Plan Year

Your benefits are effective for the plan year January 1, 2026 through December 31, 2026. Our plan year will be based on a calendar year from January 1 through December 31 each year.

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Medical Coverage

Plan Features	CIGNA MEDICAL OPEN ACCESS PLUS (OAP) In-Network	Out-of-Network
Calendar Year Deductible[1] (Individual/Family)	$1,000 /$3,000	$2,000 / $6,000
Calendar Year Out-of-Pocket[2] (Individual/Family)	$4,000 /$10,200	$8,000 / $24,000
	You Pay:	
Preventative Care Services	Covered in full	30% after deductible
Primary Care Visit	$25 copay	30% after deductible
Specialist Visit	$25 copay	30% after deductible
Urgent Care	$50 copay	30% after deductible
Emergency Room	10% after deductible after $100 Per Occurrence Deductible (copay waived if admitted)	
Outpatient Services	10% after deductible	30% after deductible
Inpatient Hospital Services	10% after deductible	30% after deductible
Chiropractic Services (20 visits/yr)	$25 copay	30% after deductible
Hearing Aid Coverage	Limited to $2,500 per member per year	Limited to $2,500 per member per year
Mental Health & Substance Use Disorder Inpatient Outpatient (Physician's Office)	 10% after deductible $25 copay	 30% after deductible 30% after deductible
Prescription Drugs: Retail (up to 30-day supply)[3]	**You Pay:**	
Generic	$15 copay	20%
Preferred Brand	$30 copay	20%
Non-Preferred Brand	$45 copay	20%
Prescription Drugs: Retail (up to 90-supply)[3]	**You Pay:**	
Generic	$30 copay	20%
Preferred Brand	$60 copay	20%
Non-Preferred Brand	$90 copay	20%
Prescription Drugs: Home Delivery (up to 90-day supply)[3]	**You Pay:**	
Generic	$30 copay	Not covered
Preferred Brand	$60 copay	
Non-Preferred Brand	$90 copay	

[1] Benefits for an individual within a family are paid once the individual deductible has been met. In-network and out-of-network expenses do not cross accumulate.

[2] In-network and out-of-network expenses do not cross accumulate.

[3] You can choose to fill your medications in a 30 or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or Cigna Home Delivery. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or Cigna Home Delivery to be covered by the plan.

Dental Coverage

Plan Features	CIGNA DENTAL DPPO PLAN	
	In-Network	Out-of-Network
Calendar Year Deductible *(waived for Preventive Services)*	$50 Individual/$150 Family	
Calendar Year Benefit Maximum	$2,000	
Diagnostic and Preventive Services	Covered in full, no deductible	Covered in full, no deductible
Basic Restorative Services	You pay 20% after deductible	You pay 20% after deductible
Major Restorative Services	You pay 50% after deductible	You pay 50% after deductible
Orthodontia (adults and children to age 26)	You pay 50% (no deductible)	You pay 50% (no deductible)
Orthodontia Lifetime Maximum	$2,000	

NOTE: Benefits may differ slightly in TX and LA due to state mandates Refer to the Cigna benefit summary for additional details.

Vision Coverage

Plan Features	CIGNA VISION PLAN	
	In-Network	Out-of-Network
Exam once every calendar year	$10 copay	Up to $45
Frames once every calendar year	Up to $150 then 20% discount	Up to $83
Lenses once every calendar year		
Single Vision Lens	$20 copay	Up to $32
Bifocal Lens	$20 copay	Up to $55
Trifocal Lens	$20 copay	Up to $65
Lenticular	$20 copay	Up to $80
Contact Lenses once every calendar year (in lieu of lenses and frames)		
Elective	Up to $130	Up to $105
Medically Necessary	Covered in full	Up to $210

Your Cost for Coverage

The chart below shows your cost for coverage per pay period effective January 1 through December 31, 2026. There are 24 pay periods per year and deductions will take place each pay period. Premium contributions are deducted from your paycheck on a pre-tax basis unless otherwise requested by you in writing.

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Cigna Medical OAP	$109.60	$230.13	$208.21	$328.75
Dental				
Cigna Dental DPPO	$3.23	$6.38	$9.90	$13.64
Vision				
Cigna Vision Plan	$.88	$1.77	$1.78	$2.85

Additional Benefits

Basic Life and AD&D
Marine Management Services offers Basic Life and AD&D coverage in the Flat Amount of $350,000. Accidental Death & Dismemberment insurance provides a benefit when an injury resulting from an accident causes the death or other covered losses to the insured.

Employee Assistance Program (EAP)
As an employee covered under Marine Management Service's benefits, you are eligible for the EAP. These benefits include behavioral health, financial, legal, and family services for you and your immediate family members. Employee Assistance Program ("Services") are provided by Headspace.

Short-Term Disability (STD)
STD coverage is provided at ***no cost to you***. If you become disabled (as defined in the plan) and remain disabled through the elimination period, the plan benefit pays 60% of your weekly earnings, less other deductible sources of income, such as state-mandated benefits and sick pay. The maximum weekly benefit is $500.

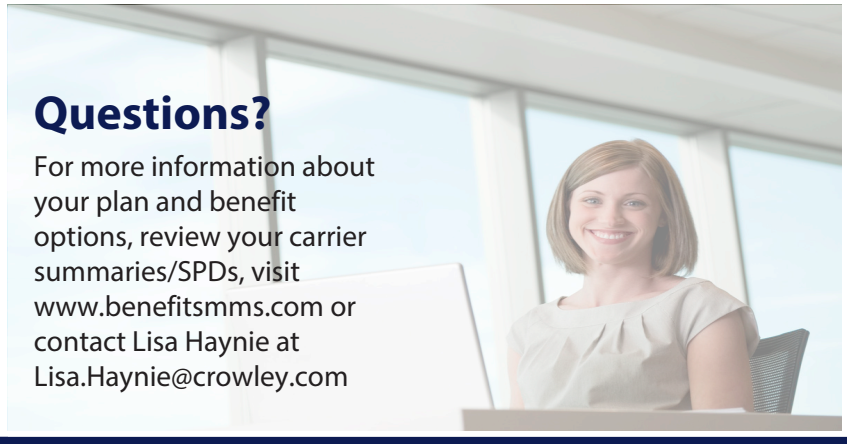
Long-Term Disability (LTD)
LTD coverage is provided at ***no cost to you***. If you become disabled (as defined in the plan) and remain disabled through the elimination period, the plan benefit pays 60% of your monthly covered earnings, less other deductible sources of income, such as Social Security and workers compensation. The maximum monthly benefit is $6,000.

ID Cards

We recommend that you register on www.mycigna.com to set up your personal account. This portal will allow you to review benefits, view claims, search for a provider, and access virtual ID cards.

Dental
No personalized ID cards were mailed to you but you can print a personalized dental ID card once you register on www.mycigna.com.

Coverage	Carrier	Policy #	Customer Service	Website
Medical	Cigna	00625488	866-494-2111	www.mycigna.com
Dental	Cigna	00625488	800-244-6224	www.mycigna.com
Vision	Cigna	00625488	877-478-7557	www.mycigna.com
Life & Disability	Lincoln	09-SL0076	800-423-2765	www.lfg.com
EAP	Headspace	N/A	855-420-0734	www.headspace.com



Questions?

For more information about your plan and benefit options, review your carrier summaries/SPDs, visit www.benefitsmms.com or contact Lisa Haynie at Lisa.Haynie@crowley.com

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